teeth may be found and treated with but little success. As the name implies, vasomotor rhinitis has been thought to be due to a disturbance in the functions of the autonomic nervous system. There is also evidence that deficiencies in the endocrine glands, particularly the pituitary and thyroid, may play a part in the etiology of vasomotor rhinitis.[6 7]

Even though an exhaustive history and painstaking examination lead to a correct diagnosis, the treatment of this group of patients is so beset with stumbling blocks that the results obtained are often disappointing. Paranasal sinus infection and the presence of a highly sensitive nervous system greatly affect the prognosis. Successful treatment is in a measure determined by our ability to cope with these factors.

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## Medicine

**Cross-sensitization with Denatured Proteins.** In seeking the probable cause of allergy, clinicians have directed their main attention to previous gastro-intestinal or parenteral absorption or injection of the specific protein to which the patient reacts, or to collateral proteins of the same sensitization group. That protein specificity can be altered by such factors as cooking, drying, decomposition or mixture with antiseptics or food preservatives has been largely overlooked. A very suggestive example of such alteration has been recently reported by W. A. Collier of the Bacteriological Institute, Department of Agriculture, Buenos Aires.[1]

Collier denatured horse serum by the addition of Bayer 205, and reports that the horse proteins thus "heterogenized" have acquired the power of collateral anaphylactic sensitization to cow serum. Collier, of course, warns against too hasty conclusion from this observation; but it is evident that he has opened up a very fertile field of speculation in hygiene.

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## Pediatrics

**Intestinal Protozoa in Children.**—In a recent article in this journal on intestinal protozoa,[1] Doctor Barrow called attention to certain symptomatology and therapy as they applied to adults. Very little mention has been made in the literature or in our standard textbooks about parasitic infection in children. With the present more intensive study of pediatrics it seems timely to call attention to the possibility of children being infected with the same parasitic protozoa as adults.

Many vague symptoms, such as failure to gain in weight, poor appetite, listlessness, nocturnal restlessness, and sometimes a little looseness of the bowels, possibly only one or two loose stools a day, on careful microscopic examination of the stool by a competent laboratory will be found to be referable to infestation of the intestinal tract by protozoa. As a rule the flagellates do not cause the above mentioned symptoms as often as do the *Entameba histolytica.*

In children having a history of frequent attacks of diarrhea, with mucus and blood, careful stool analysis should be made, not of a single specimen, but of repeated specimens to rule out positively any protozoa.

The medicinal treatment is essentially the same as that of adults, only in smaller dosage. As a rule treatment is effectual.

The last word in intestinal protozoa infections has not been written, and the more the excretions of children are studied the more frequently will answers be found to questions that are now puzzling.

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Tularemia in Sheep in Nature.—A report recently made public by the United States Public Health Service points out the proved occurrence of tularemia in sheep in nature. This opens the question of the possibility of human infection from the handling of infected carcasses. Infection is known to be definitely possible through the primary contamination of the hands with the tissue of crushed infected ticks held in the wool or with tick excrement which is commonly present in large masses. The fingers might also become contaminated by contact with the decayed tissue which sometimes develops at the points where infected ticks have been attached. The chance that infected meat might reach the market and be a source of danger to persons in slaughterhouses and packing houses and to the consuming public seems less likely, but cannot be altogether dismissed, especially if animals are slaughtered for immediate local consumption.

Further studies with reference to tularemia in sheep caused by the wood tick are being considered. These studies will endeavor to determine (1) the extent to which it is concerned in wood-tick caused conditions; (2) to determine the geographical limits of the occurrence, which are wider than indicated by present data; (3) to secure more detailed epidemiological, symptomatological, and pathological data; and (4) to determine whether the meat of infected slaughtered sheep is a possible source of human infection.—*United States Health News.*